

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-033035

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7982

FILED AUG 22 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST LOUIS, MISSOURI

Length of stay in lb
7 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BARNES HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Charles

c. CITY OR TOWN Wentzville

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Wentzville RR 2

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First LEONARD

Middle HENRY

Last WILMES

4. DATE OF DEATH

Month AUGUST

Day 13

Year 1962

5. SEX

Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
4/28/1900

9. AGE (last birthday)
62

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Post Master

10b. KIND OF BUSINESS OR INDUSTRY
U.S. Postal Dept

11. BIRTHPLACE (City and state or country)
Josephville, MO.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Joseph Wilmes

13b. MOTHER'S MAIDEN NAME

Mathilda Orf

14. NAME OF HUSBAND OR WIFE

Clara Wilmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No None

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs. Clara Wilmes Mo. RR 2

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARCINOMA OF LUNG

INTERVAL BETWEEN ONSET AND DEATH
2 MONTHS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from JUNE 5, 1962 to AUG. 13, 1962 and last saw her alive on AUG. 13, 1962
Death occurred at 6:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

8/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

8/16/1962

23c. NAME OF CEMETERY OR CREMATORY

St. Josephs Cemetery

23d. LOCATION (City, town, or county)

Josephville, Missouri

24. FUNERAL DIRECTOR

ADDRESS

H. Pitman Funeral Home
909 Pitman Ave. Wentzville, Mo.

25. DATE RECD. BY LOCAL REG.

AUG 16 1962

26. REGISTRAR'S SIGNATURE

Heal Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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AUG 31 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.